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Emotional Patterns Related to Delay in Decision to Seek Legal Abortion

A Pilot Study

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IT IS PROBABLE that the delay in the decision to seek legal abortion until the second trimester is related to a complex of psychological and sociocultural factors. The increase in medical complications and emotional stress imposed by late abortion indicates a need for special study of second trimester applicants. Previous studies[1-4] have tended to deal with the question of the emotional impact of abortion with little attention to gestational age as a variable. This communication is based on a comparative psychological study of 18 women of similar backgrounds who sought abortion at differing stages of pregnancy.

The question of psychological issues involved with the timing of the decision to seek abortion has not been examined. In comparison with the simple procedure of terminating a first trimester pregnancy, a mid-trimester abortion by amniocentesis may involve several days in hospital, a labor of three to eight hours and the delivery of a recognizably human fetus. It is reasonable to suggest an increase in psychological stress in the latter procedure. Physicians and nurses, both educated to preserve life, report uneasiness and guilt about their role. Perhaps this discomfort is reflected in the gynecological literature, which contains considerable technical comment but is generally silent on the psychological issues in late abortions.

In a recent study, Wolff[5] noted that the data on therapeutic abortions seemed distinctly different from the recorded handling of control patients receiving curettages or vaginal hysterectomy. He comments that despite rationalizations, the uneasiness about the operation is related to concern with the issue of causing a death. Since second trimester abortion seems to pose special problems for both the patient and medical staff, an investigation of the psychological factors involved in the delay of the decision to seek abortion was planned.

In contrast to the lack of attention to emotional issues in the delay of abortion, the companion sociocultural factors have been carefully studied by Bracken and Swigart.[6] In their summary, they said: "Late pregnancy abortions, with their attendant risk of more serious medical and psychological sequelae, were *not* randomly distributed among a

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TABLE 1.—*Distribution of 18 Women in Study as to Time They Sought Advice on Abortion*

	Early Group 1st Trimester				*Late Group 2nd Trimester*								
Week's gestation at application time	7	8	9	10	11	12	13	14	15	16	17	18	19
Number of Women	2	4	2	2	1	0	2	0	1	2	0	1	1

population of 443 women who successfully applied for an induced abortion. Women beyond their tenth week of pregnancy were significantly more likely to be under 21 years old, single, have 0 or 1 living children, be black, have not completed high school, be Protestant, have been referred through clinic or university services, and to have not used a contraceptive at time of conception." These observers share the impression that preoccupation with psychiatric criteria for abortions has tended to overshadow the actual decision-making process.

This report describes the results of detailed psychiatric interviews with 18 women of similar backgrounds who differed in the time they sought abortion. The purpose of the study was to find some clues to the intrapsychic variables which appear to influence delay in seeking abortion until the second trimester of pregnancy.

Method

The group was selected from women seen at Planned Parenthood of San Francisco in the spring and summer of 1971 with unwanted, confirmed pregnancy. Since the study was to be small and descriptive in nature, an effort was made to limit compounding factors by choosing a relatively homogeneous sample of women who were Caucasian, currently unmarried, local residents and aged 20 to 26. Eighteen out of 20 women so referred arrived for interview (Table 1). The two women who did not appear had no further agency contact and the outcome in their cases is unknown.

Following separate listing of identifying data, a structured interview of from 60 to 80 minutes was tape-recorded. An outline was employed but the material was covered in an order that seemed clinically appropriate. There was a second less structured contact with 17 of the 18 women within a few days after the abortion. The recorded material was transcribed and then evaluated with reference to a number of criteria, as illustrated in Table 2. Each of the interviews was scored (by the author) on each of the listed criteria using a scale of 1 = positive, 2 = mixed, 3 = negative. The interviews were then separated into first and second trimester groups and the score for each criterion was averaged for the group. The resulting data are depicted as a range from "very positive" to "very negative" in Table 3.

TABLE 2.—*Comparison of Average Score* on Various Criteria in Two Groups*

Group	*First Trimester*	*Second Trimester*
Number of patients	10	8
Past History		
Contraceptive usage	−	− −
Previous psychiatric problems	0	0
Significant Relationships		
Father	0	− −
Mother	0	− −
Sexual Partner	+	+
Reaction to Pregnancy		
A potential baby	−	+
Ambivalence	−	+
Denial	0	+ +
Depression	−	0
Coping Mechanisms		
Ego strengths	0	− −
Decision sharing	0	+
Post Abortion Follow-up		
Emotional reaction	+	−

*Individual numerical scores averaged and scaled
1.0-1.4 very positive (+ +)
1.5-1.8 positive (+)
1.9-2.1 mixed (0)
2.2-2.5 negative (−)
2.6-3.0 very negative (− −)

TABLE 3.—*Comparison of Various Factors in 200 Clients in a Two-Month Sample of Planned Parenthood Abortion Applicants*

	Trimester of Pregnancy		
	First	*Second*	*Unknown*
Number of clients	168 (84%)	27 (13%)	5 (3%)
Average age	21	20	
Currently single	150 (90%)	24 (89%)	
Non-white	34 (21%)	7 (26%)	
Previously pregnant	45 (26%)	9 (33%)	
Previous abortion	18 (11%)	4 (14%)	
No contraception	96 (57%)	17 (64%)	

Results

Comparison of the Study Group with the Agency Population

The 18 women who participated in the study represented a range of gestational age from seven to nineteen weeks. For the purpose of the study, the ten patients who presented at ten weeks or

less and had suction curretage were grouped together and compared with the eight patients who presented at 11 weeks or more and subsequently had amniocentesis (seven women) or continued the pregnancy (one woman).

It is probably useful to view the data on the specific group studied against the background of the total population seen for pregnancy counselling at Planned Parenthood during that period. Using January and March of 1971 as sample months, there was follow-up information available on 200 women who had legal abortions. In Table 3, a comparison of these 200 women in the general client group seen by Planned Parenthood indicates no striking demographic differences between the first and second trimester applicants. The percentage of amniocentesis patients seen by Planned Parenthood was much lower than in the Bracken and Swigar study.[6] It is of interest to note that on the follow-up forms in response to a question on feelings about abortion, 72 percent of the first trimester patients checked "positive" and only 37 percent of the mid-trimester patients so indicated.

Past History

The 18 first- and mid-trimester women in the study reported similar experiences in many aspects of their lives. Questions about contraceptive usage frequently revealed a common theme of fear of sterility leading to an almost deliberate exposure to pregnancy.

"For so long I never used anything and I never did get pregnant. I thought, 'Well, maybe I'm not able to have children'—and when I found out the pregnancy test was positive, I thought, 'At least I know I can have them.' " Both subgroups generally knew of the availability of contraceptives but used them erratically or not at all. The only "contraceptive failure" in the study was a case in which a male partner had an ineffective vasectomy. Most of the women had been sexually active for some time. Several gave a history of stopping "the pill" because of side effects or medical advice and finding no satisfactory substitute. Most of the women now planned to use a regular method of contraception post-abortion.

There seemed to be no difference between the groups in either the incidence or pattern of previous psychiatric problems. One woman in each group had had a short stay in hospital for psychiatric cause precipitated by a suicide attempt. The experience of current depression in response to the pregnancy and its anticipated loss was variable and not group-specific. A major theme in five of the 18 women (three first-trimester and two second-trimester) was the pregnancy as a fantasied replacement for an earlier loss. Two of the study patients had had an illegitimate child placed for adoption several years before the second pregnancy. One woman waited until 18 weeks to seek abortion and opened the interview by talking of her earlier experience.

"Every time I see a little girl about her size, I think about her. I think I got pregnant so that I could have a baby to make up for her. It was an accident, but it's always an accident." She presented for abortion after a prolonged period of denial: "I tried not to think about being pregnant because in the back of my mind I knew that I'd have to have an abortion."

One woman spoke of "a baby who would love me" after describing her own lack of mothering. In two instances a previously satisfying relationship with their "old man" had deteriorated and the pregnancy was initially viewed as possibly bringing back the happy times.

Significant Relationships

The relationship with both parents seemed to be more often disturbed in the late abortion group. It was most frequently characterized as a communication gap and the feeling of mutual mistrust which carried over into other adult relationships: "I grew up alone. I tried to talk to my family a lot. I guess with my German background it seemed like a sin to cry and tell somebody you're really up tight. . . . My only plan or idea now would be, well, for one thing, communicating with another person—an older person, I guess."

In contrast, members of the early abortion group often expressed a feeling of security in childhood which led them to be more comfortable handling the adult decision about abortion. The following from a woman who presented at the seventh week of gestation conveys the feeling: "My parents have always loved me and I love them and we both know it. My mother couldn't help me now and I know she'll be with me whether I tell her or not."

The relationship with the sexual partner was highly variable across the sample and ranged from engaged, stable liaisons to open promiscuity with unidentified men. The most common pattern seemed to be a brief meaningful relationship which was now terminated or existed on a day-to-day basis. In several instances, the preg-

nancy appeared to be an unsuccessful attempt to salvage a lost closeness with the partner. There was no clear difference in stability of the male tie between the early and the late groups.

Reaction to Pregnancy

The difference between the early and late abortion applicants became more clear as the actual reactions to the pregnancy were compared. In thinking about the decision-making process, it was striking that after 11 weeks there was an increasing sense of baby identity. The women who sought abortion early spoke of "this pregnancy," "my condition," or even of a "fetus"; by second trimester, it was more typical for a woman to initiate the interview with such comments as, "Should I tell you how I feel about the baby?" The one woman who had experienced fetal movement during the day preceding our interview said, "It seems like when you feel life, then you're closer to the baby, so I really haven't made up my mind yet." She wanted the doctor to tell her "what stage of the development the baby is in" and ultimately decided against abortion.

Women who presented later expressed more ambivalence about the termination of their pregnancy. Women in the first trimester occasionally felt quite negatively about the pregnancy or saw it as clear choice in their own self-interest.

"I joke about it now and then—I say, 'Oh, this kid is eating all my food up.' 'It's this kid or it's me'—it's self-defense."

More commonly in the early group a baby was seen as potentially desirable but conflicting with current life priorities. As women waited until the second trimester to seek advice, they spoke more of assessing the resources available to help them keep a child. The pregnancy seemed emotionally real to them:

"I know I can't keep the baby—it's just the idea that there's a child inside you—it's a good feeling."

"Sometimes I think I'm making another person. It would be really nice to have the baby . . . but I'd rather have it killed before it was born . . . before it has a chance to be hurt."

The mid-trimester abortion applicants uniformly described a prolonged period of denial.

"I kind of thought I was [pregnant] but I thought maybe it was a tube infection or something. I kept telling myself, 'I'm not pregnant—it's all in my mind.' I didn't want to have one so bad, I hoped it would go away."

The current denial of the existence of a pregnancy often seemed an extension of a previous pattern of flight or of frenzied activity to avoid direct coping with uncomfortable situations. The use of denial apparently shielded the women from a pre-abortion realization of loss; the standard indices of depression were low in both subgroups of the study.

All of the women involved at least one other person in the decision-making process; most often the decision was discussed with the putative father. In this emancipated group, only two of the 18 had talked with their own mothers, although many turned to the counsel of a respected older woman friend. Women in the second trimester had involved more people in the discussion and several presented for abortion after some peer pressure.

Post-Abortion Follow-Up

All of the 17 women who had abortions were contacted within a week after the experience. The reaction to the procedure was generally positive in the first trimester group, and several women spoke of it as a maturing experience.

"The feeling was relief like I had already handled the emotions. I think I gained a lot from it—a feeling of what it is to be a woman."

"I must have woken up with a smile on my face. I feel like my old personality is back to normal again."

The second trimester group had a considerably different hospital experience and often felt that they had not been adequately prepared for the discomfort of the amniocentesis. They tended to use words such as "labor," "delivery" and "childbirth" in describing the abortion. Emotions were mixed and the pattern of denial often extended to the hospitalization with much focus on the physical facilities. They spoke of "emptiness," and one woman added, "It's like having a baby but not being able to keep it." Despite their initial cooperativeness in the study, further follow-up was not possible because they were a highly mobile group who seemed anxious to close out the abortion experience.

Discussion

A descriptive study of 18 women seeking an abortion was done to delineate some of the psychological issues involved in the delay of the decision to terminate an unwanted pregnancy. The group had similar backgrounds. (The interim re-

port of the nationwide study of abortion by the Population Council[7] suggests that such patients constitute the majority of those seeking abortion.) Since age, cultural background and marital status are probably important variables in the psychological meaning of a pregnancy, it would be unwise to generalize the results to all abortion-seekers. Within these limitations, the results of this pilot study raise a number of issues.

The women who were in the second trimester group tended to have had more disturbed relationships with both parents before pregnancy, marked by little meaningful communication. One could postulate that lack of early models for sharing of a decision-making process led to frequent coping by use of denial. This rigid defense mechanism may be useful during the rapid changes of adolescence, but an unwanted pregnancy leads to eventual failure to cope by the usual methods. A look at school and social histories suggested that the second trimester group was less successful and that this poor self-image made it difficult for them to act to protect the ego from destructive forces. For women with a background of emotional deprivation, it may be particularly difficult to give up the potential love of the unborn child.

As they allowed the pregnancy to progress into the second trimester, the women became increasingly aware of an identifiable "baby." When they experienced their ambivalence in an interview setting, the emotional reality of the pregnancy was notable. The Bibring study[8] had previously noted the decidedly positive shift in cathexis with perceptible fetal movements. (When this occurred to one woman in the present study, she decided against abortion.) This factor adds to the already complex emotional problems of very late (18 to 24 weeks) abortions. In contrast to the pragmatic, rational approach of the early group, those who presented later seemed increasingly swayed by emotional factors.

After the abortion, the first-trimester group focused on a sense of relief and a desire to take up their life where they left off. The mid-trimester women generally expressed mixed feelings or tried to continue coping by denial. They described themselves as empty and having lost "a child." Perhaps the emotional cathexis of the pregnancy would necessitate a real mourning process which would only be seen in a follow-up study. The inherent problems for professional staff in dealing with these women is discussed elsewhere.[9]

This study suggests that the woman who waits until the second trimester to seek abortion may need more extensive evaluation and support. Even with open abortion laws and public endorsement, there may continue to be a group of patients unable to reach an early decision. This potentially high risk population merits further attention by the mental health professions.

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